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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Yuma</u>		State <u>Arizona</u>	
District or Township		City <u>St. Johns</u>		or Village	
City		No. <u>10</u>		Registered No. <u>98</u>	
2. FULL NAME <u>Diana Elizabeth Henderson</u>		No. <u>10</u>		Ward	
(a) Residence, No. <u>Tobacco St.</u>		(Usual place of abode)		St. <u>10</u>	
Length of residence in city or town where death occurred <u>47</u> yrs.		mos.		ds.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Widow</u>		16. DATE OF DEATH <u>Jan 23</u> 19 <u>28</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John</u>		17. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 15</u> , 19 <u>28</u> to <u>Jan. 23</u> , 19 <u>28</u> , that I last saw her alive on <u>Jan. 21</u> , 19 <u>28</u> , and that death occurred, on the date stated above, at <u>1:30</u> p.m.		The CAUSE OF DEATH was as follows: <u>Influenza</u>	
6. DATE OF BIRTH <u>Jan 18</u>	7. AGE <u>75</u> Years <u>0</u> Months <u>15</u> Days	IF LESS than 1 day <u>hrs.</u> or <u>min.</u>		18. Where was disease contracted? <u>at home</u>	
8. OCCUPATION OF DECEASED <u>Housewife</u>		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Final Cemetery</u>		DATE OF BURIAL <u>Jan 24-28</u>	
9. BIRTHPLACE (city or town) <u>St. John</u> (State or country) <u>Missouri</u>		20. UNDERTAKER <u>Mills Mortuary</u>		ADDRESS <u>Globe Ariz</u>	
10. NAME OF FATHER <u>Wm. Jones</u>					
11. BIRTHPLACE OF FATHER <u>Chickawa</u> (city or town) (State or country) <u>Chickawa</u>					
12. MAIDEN NAME OF MOTHER <u>Chickawa</u>					
13. BIRTHPLACE OF MOTHER <u>Chickawa</u> (city or town) (State or country) <u>Chickawa</u>					
14. Informant <u>Wm. D. Edwards</u> (Address) <u>Globe Ariz</u>					
15. Filed <u>2/8</u> , 19 <u>28</u> <u>L.E. Wright</u> Registrar					